U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

_	For Office Party
	S Recd
	JL-5208
E	A A A A A
	(435)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2653	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name SAMUEL ADAM MAYER	Name Allied Pilots Association	
	Labor Organization File Number 059-849	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 9 GREAT POND LANK	Street 14600 Trinity Blvd., Suite 500	
City WEST REDOING	City Fort Worth	
State C7 ZIP Code + 4 06896-1002	State TX ZIP Code + 4 76155-2512	
5. Position in labor organization. CHAIRMAN LA GUARDIA DOMICILE		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	A	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	7.b. Amount.	
Sueet		
City	,	
State ZIP Code + 4		
Sig	nature	
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanuadersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the	
Signed Ort May	On 6-30-05 (203) 438-6756 Dale Telephone Number	
Form LM-30 (2003)		

Name of Person Filing SAMUEL ADAM MAYER	2 File Number U- 2653			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is Interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bidg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
211 000e 14				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unc	Asr nade A and R ahove)			
or from any labor relations consultant to an employer any payment of mone				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name American Airlines, Inc.	Positive space travel pass for union business.			
	busiless.			
Trade Name, if any:				

City

State

P.O. Box, Bldg., Room No., if any

Fort Worth

13.b. Is the Business an Employer X

ΤX

Street 4333 Amon Carter Blvd.

ZIP Code + 4 76155-2605

or Consultant

14.b. Amount of payment.